



# The Good Shepherd School

1401 Carrollton Avenue • Towson, Maryland 21204 • 410-825-7139 • Fax 410-825-7183 • www.GoodShepherdRuxton.org

*Delight in Discovery and Development*

**Parents: Please return this form to school before 8/9.**

## Parent-Student Profile: Kindergarten Level

Thank you for answering these questions. They will be used to plan a program for your child that builds on his/her strengths and takes his/her individual needs into consideration. Your answers will help us insure the best possible experience. All information will be kept confidential.

Child's Name \_\_\_\_\_ Name Called \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Did your child have any of the following experiences last year?

\_\_\_\_\_ Stayed regularly in an afternoon program \_\_\_\_\_ days a week

\_\_\_\_\_ Took an extra year in a pre-kindergarten program

Was your child's birth unusual in any way? \_\_\_\_\_

List any other members of your household (siblings and their ages, grandparents, primary caretakers, others):

\_\_\_\_\_  
\_\_\_\_\_

Have there been any accidents, illnesses, traumas, deaths, about which we should be aware?

\_\_\_\_\_

Do you anticipate any unsettling events (e.g. new baby, hospitalization, move, separation, divorce)?

\_\_\_\_\_

Does your child have any particular fears at this time? \_\_\_\_\_

What is your child's bedtime? \_\_\_\_\_

What has your child liked best about school in the past? \_\_\_\_\_

**LANGUAGE DEVELOPMENT**

Can your child's speech be understood by people unfamiliar with your child?

Yes, always                       Yes, most of the time                       Not easily yet

Does your child stutter or stammer?  Yes     Sometimes     Occasionally     Not at all

Has your child ever had a speech or language evaluation?  \_\_\_\_\_ If so, please discuss results:

---

Do you think your child started speaking

later than other children you know his/her age?  
 about the same time as other children you know his/her age?  
 earlier than other children you know his/her age?

Is a language other than English spoken in your home?  Yes     No

If 'yes', which language? \_\_\_\_\_ and spoken by whom? \_\_\_\_\_

**COGNITIVE DEVELOPMENT**

Does your child recognize numbers in print?  Yes, many     Yes, two to four of them     Not yet

Can your child count aloud?  Not at all     To 5     To 10     Past 20

Can your child point to objects and count them?

Yes, to more than 10     Yes, to three or four     Not yet

Does your child recognize some letters of the alphabet?

Yes, all of them                       Yes, more than 10     Yes, a few     Not yet

Does your child look at books with pictures and pretend to read?

Yes, frequently                       Sometimes     Occasionally     Not yet

Can your child retell a simple story in order?     Yes     Not yet

Do you (or another primary caretaker) read books with your child?

Daily     Frequently     Occasionally     Less than once a week

Can your child easily follow a two-part direction or request (e.g. "Get your bike and put it away.")?

Most of the time                       Sometimes     Not yet

Can your child easily follow a three-part direction or request (e.g. "Come inside, wipe off your feet, and hang up your coat.")?

Most of the time                       Sometimes     Not yet

**MOTOR DEVELOPMENT**

Does your child hold a crayon or pencil correctly?    \_\_\_ Yes        \_\_\_ Mostly        \_\_\_ Not yet

Can your child write his/her first name? \_\_\_ Yes    \_\_\_ Yes, some of the letters in his/her name    \_\_\_ Not yet

Does your child show an interest in drawing? \_\_\_ Yes, a great deal    \_\_\_ Yes, some interest    \_\_\_ Not yet

Can your child draw or copy a square?    \_\_\_ Yes    \_\_\_ Not yet

Can your child draw or copy a circle?    \_\_\_ Yes    \_\_\_ Not yet

Does your child manipulate scissors correctly?    \_\_\_ Yes    \_\_\_ Not easily at this time

Can your child sit still for a short period of time to do the following:

Listen to a story?	___ Yes	___ With difficulty
Be read to?	___ Yes	___ With difficulty
Do a simple task?	___ Yes	___ With difficulty

**SOCIAL / EMOTIONAL DEVELOPMENT**

How often does your child experience the following?

	Often	Occasionally	Rarely	Never
- Complain about stomach aches or headaches:	___	___	___	___
- Choose independent play over cooperative play:	___	___	___	___
- Make friends easily:	___	___	___	___
- Work cooperatively with other children on a task:	___	___	___	___

**PARENTAL VALUES**

What school experiences do you particularly want for your child this year? \_\_\_\_\_  
\_\_\_\_\_

The most important thing a teacher can do is \_\_\_\_\_  
\_\_\_\_\_

**TEMPERAMENT**

How would you rate your child in the following areas?

Activity Level – the amount of physical motion during daily routine:  
\_\_\_ Very active    \_\_\_ Active    \_\_\_ Somewhat active    \_\_\_ Very inactive

Rhythmic Level – regularity of bodily functioning in sleep, hunger, bowel movements, etc:  
\_\_\_ Very regular    \_\_\_ Regular    \_\_\_ Somewhat irregular    \_\_\_ Very irregular

Approach – responses to new person, places, events:  
\_\_\_ Not hesitant    \_\_\_ Slightly hesitant    \_\_\_ Hesitant    \_\_\_ Very hesitant

**TEMPERAMENT (cont.)**

How would you rate your child in the following areas?

Adaptability – the ease/difficulty with which your child can change to socially acceptable behavior:

\_\_\_ Very quick to adapt \_\_\_ Somewhat adaptable \_\_\_ Slow to adapt \_\_\_ Very slow to adapt

Intensity – the amount of energy in a response whether negative or positive:

\_\_\_ Very mild \_\_\_ Somewhat mild \_\_\_ Intense \_\_\_ Very intense

Distractibility/Attention Span – how long your child stays with a task or activity:

\_\_\_ Very persistent \_\_\_ Persistent \_\_\_ Non-persistent \_\_\_ Very non-persistent

Has your child consulted with a physician or other professional regarding physical, emotional, or academic development? \_\_\_ If yes, please provide additional information: \_\_\_\_\_

\_\_\_\_\_

Is there any additional information regarding your child that you think would be helpful for the teachers?

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for taking the time to answer these questions. Your answers will help us to create a school experience for your child that best provides for his/her needs.**

***Please return completed form to school by August 9<sup>th</sup>.***